

October 26, 2011

QUESTIONS AND ANSWERS AND ADDENDUM NO.1 TO REQUEST FOR STATEMENT OF QUALIFICATIONS FOR FINANCIAL REVENUE AND ANCILLARY SERVICES – RFSQ HS 1014

The following are questions from vendors, with answers from Department of Health Services and Addendum No. 1 to the Request for Statement of Qualifications (RFSQ) No. HS 1014 for Financial Revenue and Ancillary Services Master Agreement (FRASMA) issued by the Department of Health Services (DHS) on October 26, 2011. All other terms and conditions of the RFP remain unchanged.

1) Question: a) When will the contract be awarded? When is the expected start date of this contract?

Answer: The Master Agreements will be awarded to all qualified contractors after approval by the County Board of Supervisors. Once contractors have a Master Agreement, they will have an opportunity to bid on work orders for the category(ies), specified on Exhibit 1, "Category Specific Qualifications" of the RFSQ, for which they applied and were determined qualified by the County. It is anticipated that the County will release request for work order bids for Patient Account Collection Letter Services (PACLS) before January 2012 and for Workers' Compensation Identification and Recovery Services (WCIRS) before February 2012.

b) Will the County be making their final decision for a vendor based on the proposals they receive in response to the RFSQ, or will this go out to Request for Proposal (RFP)?

The County will award work based on the work order process indicated above. The County will not re-solicit at this time through the RFP process, but may do so in the future.

2) Question: In reference to, 1.1 Master Agreement Process and Service Categories, "Master Agreements will be executed with all vendors determined to be qualified through the Statement of Qualifications (SOQ) process ... Upon the Department's execution of Master Agreements, various qualified vendors will be added to the Master List for FRAS, and from time to time, under competitive conditions will have the opportunity to bid for County required services under their qualified Category of Services." How many MSAs does the County plan to award for Workers' Compensation Identification and Recovery Services (WCIRS)? For Patient Account Collection Letter Services (PACLS)?

Answer: After Board approval, the FRASMA will be awarded to all County determined qualified contractors that applied for the WCIRS and PACLS categories.

3) Question: In reference to, 1.1 Master Agreement Process and Service Categories, how many vendors by category (i.e., WCIRS and PACLS) are actively providing the services now? For each category, what are the names of the current active vendors? For each category, how much has each current vendor been paid in fees YTD 2011 and in 2010?

Is the county currently providing these services or an outside vendor? If an outside vendor is performing these services, who is the incumbent and what fees are they currently charging the county?

Answer: Currently, the County does not provide the exact same services as stated in the current WCIRS agreement. Additionally, the "Optional Services" are not currently provided in the PACLS agreement.

Southern California Med-Legal Consultants, Inc. and Boehm & Associates currently provide WCIRS for the County. Currently, fees charged by the vendors is 20 percent of revenue collected.

Computer Credit Inc. and USCB Inc. currently provide PACLS for the County. Currently, fees charged by the vendors are as follows:

	<u>Data Mailers</u>	<u>Collection letters</u>
CCI	\$.56	\$2.30 per account
USCB	\$.51 standard \$.56 internet service mailer	\$.51 times 3 for each account

The Department's reporting is by Fiscal Year (FY) – July to June. Fees are reported by FY. Below fees are broken down by Category (WCIRS and PACLS), by current Contractor and then by both FY and Calendar Year (as requested).

For WCIRS, currently, there are two vendors.

1. Southern California Med-Legal, Inc.

<u>By Fiscal Year</u>	<u>Fees Paid</u>
July 2009 – June 2010	\$160,373
July 2010 – June 2011	\$195,357
July 2011 – September 2011	\$ 66,728

<u>By Calendar Year</u>	<u>Fees Paid</u>
Year 2010	\$177,892
Year 2011 (Jan 2011 thru Sept 2011)	\$204,527

2. Boehm & Associates

<u>By Fiscal Year</u>	<u>Fees Paid</u>
July 2009 – June 2010	\$489,537
July 2010 – June 2011	\$238,588
July 2011 – September 2011	\$ 65,310

<u>By Calendar Year</u>	<u>Fees Paid</u>
Year 2010	\$339,628;
Year 2011 (Jan 2011 thru Sept 2011)	\$135,771

For PACLS, currently, there are two vendors.

1. Computer Credit Inc.

<u>By Fiscal Year</u>	<u>Fees Paid</u>
July 2009 – June 2010	\$803,133.22
July 2010 – June 2011	\$836,326.14
July 2011 – September 2011	\$220,993.70

<u>By Calendar Year</u>	<u>Fees Paid</u>
Year 2010	\$825,811.82
Year 2011 (Jan 2011 thru Sept 2011)	\$674,453.78

2. USCB Inc.

<u>By Fiscal Year</u>	<u>Fees Paid</u>
July 2009 – June 2010	\$161,168.80
July 2010 – June 2011	\$155,021.72
July 2011 – September 2011	\$ 25,734.10

<u>By Calendar Year</u>	<u>Fees Paid</u>
Year 2010	\$181,105.30
Year 2011 (Jan 2011 thru Sept 2011)	\$ 72,915.47

- 4) Question: In reference to, 2.7.4 Proof of Insurability, "Vendor must provide proof of insurability that meets all insurance requirements set forth in Appendix H – Master Agreement, subparagraphs 8.28 and 8.29." Would a current certificate of insurance showing coverage levels

that meet or exceed the RFP requirements suffice as “proof of insurability”?

Answer: If the current certificate of insurance meets all insurance requirements set forth in Appendix H – Master Agreement, subparagraphs 8.28 and 8.29, then this is sufficient for the qualification. Vendor must provide all required insurance documents specified in the Master Agreement.

5) Question: At page 5 of the RFSQ, Section 1.4.2.1 Billing, Collection, Follow-Up and Support Services, the minimum qualifications state that “vendor must have the capability of producing *all inclusive claims* (e.g., UB04) and *itemized claims* as requested...” Please clarify what is meant by “*itemized claims*”, since it is our understanding that County of Los Angeles facilities currently bill at all-inclusive per diem rates fixed by the Board of Supervisors.

Answer: Currently, the Department bills utilizing all-inclusive rates; however, in the future, if the Department proceeds with itemized claims, the vendor will be required to itemize the billings.

6) Question: In reviewing 2.7 Preparation and Format of SOQ, I can see all the forms required to submit my RFSQ, but when reviewing the "Statement of Work" in Exhibit A-1 and A-2, I show attachments(B) for fee schedule. Are the Fee Schedules due at this time, or will that be required down the road, with more volume data?

Answer: The fee schedules are provided as samples only. Each Contractor with a Master Agreement will have an opportunity to bid for WCIRS or PACLS as request for work order bids are released.

7) Question: Is additional company data acceptable at this time, or is summary form only needed at this time?

Answer: Please provide only the items that are requested in paragraph 2.7, Preparation and Format of SOQ.

8) Question: Reference Appendix H (Master Agreement), Exhibit A-1, Attachment B, PACLS Fee Schedule: Do pricing proposals have to be in the exact format of the PACLS Fee Schedule, or can we expand the Fee Schedule to include additional lines and descriptions to fit our pricing proposal?

Answer: Fee schedules are not required at this time. Please provide only the items that are requested in paragraph 2.7, Preparation and Format of SOQ.

9) Question: Reference Appendix H (Master Agreement), Section 1.2.1.1, Page 2, Exhibit A-2: Regarding single data mailers: How many detail lines could there be on a mailer? Would there be just a few, like balance forward, sum of new charges and adjustments, sum of payments since last mailer and new balance; or will there be many lines such as details of all financial items which modify the balance which would require potentially many lines for multiple charges and payments? Additionally, could a mailer require more than one page, thereby requiring more than one page to be stuffed into an envelope?

Answer: Currently, the Department bills utilizing all-inclusive rates; however, in the future, if the Department proceeds with itemized claims, the vendor will be required to itemize the billings.

10) Question: Reference Appendix H (Master Agreement), Section 1.3.3, Page 6, Exhibit A-2, Statement of Work: Regarding guarantor statements: Will multiple patients be printed on a guarantor statement or will there be potentially just many accounts for a particular patient per guarantor statement? For example, if Bob is the guarantor for Able and John, and Able has 3 accounts and John has 2 accounts, would there be a statement for Bob with just Able's 3 accounts in it and another statement for Bob with just John's 2 accounts? Or, would there be just one statement for Bob with Able's 3 accounts and John's 2 accounts on it, all stuffed into one envelope?

Per account, how many detail lines could there be on a statement? Would there be just a few, like balance forward, sum of new charges and adjustments, sum of payments since last mailer and new balance; or will there be many lines such as details of all financial items which modify the balance which would require potentially many lines for multiple charges and payments?

Additionally, could a guarantor's statement require more than one page, thereby requiring more than one page to be stuffed in an envelope?

Answer: Currently, we do not bill under the guarantor statement format. However, in the future, if the vendor is requested to bill under the guarantor statement format, the data provided to the vendor will have the appropriate guarantor grouping format.

11) Question: Regarding WCIRS, provide the monthly volumes of claims that will be referred.

Answer: For Identification Services, the monthly average number of records provided is 807,045 for all facilities (the vendor receives all accounts with

dates of service for the applicable month) of which the vendor identifies potential workers compensation cases from the records provided.

For Recovery Services, the monthly average of claims referred is very small, approximately 400 to 500 accounts per fiscal year.

12) Question: Regarding WCIRS, please confirm that the referral file data elements will include the patient's ssn and dob.

Answer: For Identification Services the patient's SSN and DOB are part of the data elements included in the data file provided.

For Recovery Services, the same applies.

13) Question: Regarding WCIRS, is the scope including day 1 billing by the vendor or will the county drop the bill and the vendor will follow up?

Answer: Both. Billing is done by the vendor once the potential workers compensation cases are identified by the vendor and the cases are approved by the respective facility. In addition, cases that have been billed by the facility can be referred to the vendor for additional follow-up efforts.

14) Question: Regarding PACLS, please provide samples of the data mailers, non collection letters and collection letters.

Answer: Attachment A provides a copy of a sample data mailer. The non-collection and collections letter that are currently in use have been developed by the current contractors and are proprietary. Therefore, the County is not able to provide these samples.

15) Question: Regarding PACLS, will the county be transmitting the data elements for the vendor to merge into the mailers and letters or will the file contain the complete image that is ready to print and mail?

Answer: County will be transmitting the data elements for the vendor in order to generate the data mailers and collection letters.

16) Question: Regarding PACLS, if the vendor chooses to bid on the optional services – Phone Calls, please clarify the collection letter scripts. For example is the county expecting a licensed collection agency to work that inventory or is it pre bad debt customer service?

Answer: The County is expecting the vendor to generate collection letters to the patients. If the County utilizes the optional services such as phone calls, the County will provide guidelines on handling phone calls.

October 26, 2011

**ADDENDUM NO. 1 TO REQUEST FOR STATEMENT OF QUALIFICATIONS FOR
FINANCIAL REVENUE AND ANCILLARY SERVICES – RFSQ HS 1014**

This Addendum Number 1 to the Request for Statement of Qualifications (RFSQ) for Financial Revenue and Ancillary Services HS 1014 provides revisions to the RFSQ and Financial Revenue and Ancillary Services Master Agreement (FRASMA):

1) Changes and revisions to the RFSQ:

Paragraph 1.30, **Local Small Business Enterprise Preference Program**, and Paragraph 1.33, **Transitional Job Opportunities Preference Program** which were previously intentionally omitted, are now re-added to the RFSQ as follows:

1.30 Local Small Business Enterprise Preference Program

- 1.30.1 In reviewing Work Order Bids, the County will give Local SBE preference to businesses that meet the definition of a Local Small Business Enterprise (Local SBE), consistent with Chapter 2.204.030C.2 of the Los Angeles County Code.
- 1.30.2 A business which is certified as small by the Small Business Administration (SBA) or which is registered as small on the federal Central Contractor Registration data base may qualify to request the Local SBE Preference in a solicitation.
- 1.30.3 Sanctions and financial penalties may apply to a business that knowingly, and with intent to defraud, seeks to obtain or maintain the Local SBE Preference.

1.33 Transitional Job Opportunities Preference Program

- 1.33.1 In reviewing Work Order Bids, the County will give preference to businesses that are certified by the County as Transitional Job Opportunity vendors, consistent with Chapter 2.205 of the Los Angeles County Code. A Certified Transitional Job Opportunity vendor is, and has been such for three (3) years, an entity: 1) that is a non-profit organization recognized as tax exempt pursuant to section 501 (c) (3) of the Internal Revenue Services Code; set forth, under penalty of perjury, such information as requested by the County on either electronic or hard copy forms, along with their application form and three most recent annual tax returns to the Department with their proposal response to the contracting solicitation for which they are competing; 2) has been in operation for at least one year providing transitional job and the related supportive services to program participants; and 3) provide a profile of their program with a description of their program components designed to assist program participants, number of past program participants, and any other information requested by a contracting Department.
- 1.33.2 Transitional Job Opportunities vendors must request the preference in each of their Work Order Bid responses and may not receive the preference until their certification has been affirmed by the applicable Department. County must verify

the Transitional Job Opportunity vendor certification prior to applying the preference. Sanctions and financial penalties may apply to a Bidder that knowingly and with intent to defraud seeks to obtain or maintain certification as a Transitional Job Opportunities vendor.

2) Changes and revisions to FRASMA:

a) Paragraph 8.58, **LOCAL SMALL BUSINESS ENTERPRISE (SBE) PREFERENCE PROGRAM**, and Paragraph 8.59, **TRANSITIONAL JOB OPPORTUNITIES PREFERENCE PROGRAM** have been added to FRASMA as follows:

8.58 LOCAL SMALL BUSINESS ENTERPRISE (SBE) PREFERENCE PROGRAM

8.58.1 This Master Agreement is subject to the provisions of the County's ordinance entitled Local Small Business Enterprise Preference Program, as codified in Chapter 2.204 of the Los Angeles County Code.

8.58.2 Contractor shall not knowingly and with the intent to defraud, fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain certification as a Local Small Business Enterprise.

8.58.3 Contractor shall not willfully and knowingly make a false statement with the intent to defraud, whether by affidavit, report, or other representation, to a County official or employee for the purpose of influencing the certification or denial of certification of any entity as a Local Small Business Enterprise.

8.58.4 If Contractor has obtained certification as a Local Small Business Enterprise by reason of having furnished incorrect supporting information or by reason of having withheld information, and which knew, or should have known, the information furnished was incorrect or the information withheld was relevant to its request for certification, and which by reason of such certification has been awarded this Master Agreement/Work Order to which it would not otherwise have been entitled, shall:

1. Pay to the County any difference between the work order amount and what the County's costs would have been if the work order had been properly awarded;
2. In addition to the amount described in subdivision (1), be assessed a penalty in an amount of not more than 10 percent of the amount of the work order; and
3. Be subject to the provisions of Chapter 2.202 of the Los Angeles County Code (Determinations of Contractor Non-responsibility and Contractor Debarment).

The above penalties shall also apply to any business that has previously obtained proper certification, however, as a result of a change in their status

would no longer be eligible for certification, and fails to notify the state and OAAC of this information prior to responding to a solicitation or accepting a contract award.

8.59 TRANSITIONAL JOB OPPORTUNITIES PREFERENCE PROGRAM

- 8.59.1 This Master Agreement is subject to the provisions of the County's ordinance entitled Transitional Job Opportunities Preference Program, as codified in Chapter 2.205 of the Los Angeles County Code.
- 8.59.2 Contractor shall not knowingly and with the intent to defraud, fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain certification as a Transitional Job Opportunity vendor.
- 8.59.3 Contractor shall not willfully and knowingly make a false statement with the intent to defraud, whether by affidavit, report, or other representation, to a County official or employee for the purpose of influencing the certification or denial of certification of any entity as a Transitional Job Opportunity vendor.
- 8.59.4 If Contractor has obtained County certification as a Transitional Job Opportunity vendor by reason of having furnished incorrect supporting information or by reason of having withheld information, and which knew, or should have known, the information furnished was incorrect or the information withheld was relevant to its request for certification, and which by reason of such certification has been awarded this work order to which it would not otherwise have been entitled, shall:
1. Pay to the County any difference between the work order amount and what the County's costs would have been if the work order had been properly awarded;
 2. In addition to the amount described in subdivision (1), be assessed a penalty in an amount of not more than 10 percent (10%) of the amount of the work order; and
 3. Be subject to the provisions of Chapter 2.202 of the Los Angeles County Code (Determinations of Contractor Non-responsibility and Contractor Debarment).

The above penalties shall also apply to any entity that has previously obtained proper certification, however, as a result of a change in their status would no longer be eligible for certification, and fails to notify the certifying department of this information prior to responding to a solicitation or accepting a work order award.

- b) Paragraph 8.28.3, **Cancellation of or Changes in Insurance** is deleted in its entirety from FRASMA and replaced with the following:

8.28.3 Cancellation of or Changes in Insurance

Contractor shall provide County with, or Contractor's insurance policies shall contain a provision that County shall receive, written notice of cancellation or any change in Required Insurance, including insurer, limits of coverage, term of coverage or policy period. The written notice shall be provided to County at least ten (10) days in advance of cancellation for non-payment of premium and thirty (30) days in advance for any other cancellation or policy change. Failure to provide written notice of cancellation or any change in Required Insurance may constitute a material breach of the Contract, in the sole discretion of the County, upon which the County may suspend or terminate this Contract.

- c) Paragraph 8.28.4, **Failure to Maintain Insurance** is deleted in its entirety from FRASMA and replaced with the following:

8.28.4 Failure to Maintain Insurance

Contractor's failure to maintain or to provide acceptable evidence that it maintains the Required Insurance shall constitute a material breach of the Contract, upon which County immediately may withhold payments due to Contractor, and/or suspend or terminate this Contract. County, at its sole discretion, may obtain damages from Contractor resulting from said breach. Alternatively, the County may purchase the Required Insurance, and without further notice to Contractor, deduct the premium cost from sums due to Contractor or pursue Contractor reimbursement.

Attachment A

Sample Data Mailer

(Four pages attached)

LAC + USC Medical Center
5555 Ferguson Dr., Suite 310
Commerce, CA 90022

012 CDUS01 @ 12 8888888888

Jonathan Robert Somebody
Apartment B
415 West Main St.
Cudahy, CA 90201-5206

|||||

PLEASE
PAY
THIS
AMOUNT
→

PATIENT NAME		MR#
Somebody, Patricia Ann		741-59-32
PATIENT NUMBER	DISCHARGE/SERVICE DATE	
9999999999999	10-03-2007	
CURRENT BALANCE	BILLING DATE	
7,800.00	09-02-2008	
AGREEMENT AMOUNT	PAYMENT DUE DATE	
	09-18-2008	
7,800.00	ENTER AMOUNT PAID HERE	→

LAC + USC Medical Center
Billing Inquiry
1100 N. State Street
Los Angeles, CA 90033-5000

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- ☐ CHECK HERE TO PAY BY CREDIT CARD. PLEASE COMPLETE PAYMENT SECTION ON REVERSE SIDE.
MARQUE AQUI PARA PAGAR CON TARJETA DE CREDITO. POR FAVOR LLENE LA PARTE INDICADA ATRAS.
- ☐ PLEASE CHECK HERE AND SHOW NAME/ADDRESS CORRECTION ON REVERSE SIDE.
POR FAVOR MARQUE AQUI E INDIQUE ERRORES EN EL NOMBRE/DIRECCION EN LA PARTE DE ATRAS.

00501

DETACH HERE. FOR PROPER CREDIT PLEASE WRITE YOUR PATIENT NUMBER ON YOUR CHECK AND RETURN UPPER PORTION WITH REMITTANCE.

DATE FECHA	DESCRIPTION DESCRIPCION	QUANTITY CANTIDAD	AMOUNT PRECIO
Dates may reflect posting date or service date	New Charges		7,800.00

Important Message / Mensaje Importante	
LAC + USC Medical Center PLEASE PAY BALANCE DUE. IF YOU HAVE PAID, HAVE MEDI-CAL, MEDICARE, OTHER COVERAGE, OR NEED ASSISTANCE IN PAYING YOUR BILL, CALL (323) 226-6361. SEE BACK FOR ADDITIONAL INFORMATION. POR FAVOR PAGUE EL BALANCE DEBIDO. SI USTED HA PAGADO, TIENE MEDI-CAL, MEDICARE, OTRA COBERTURA, O NECESITA AYUDA EN PAGAR SU CUENTA LLAME AL NUMERO (323) 226-6361. VEA EL REVERSO PARA INFORMACION ADICIONAL. VISA, MASTERCARD & DISCOVER ACCEPTED. - CASHIERS HOURS MONDAY-FRIDAY 8:00am-6:00pm - HORAS DE CAJERO LUNES-VIERNES 8:00am-6:00pm PAYMENTS RECEIVED AFTER BILLING DATE WILL APPEAR ON NEXT STATEMENT. RETAIN THIS PORTION.	
MEDICAL RECORD NUMBER NUMERO DE ESPEDIENTE MEDICO 741-59-32	
PATIENT NAME NOMBRE DE PACIENTE Somebody, Patricia Ann	
PATIENT NUMBER NUMERO DE PACIENTE 9999999999999	
ACCOUNT SUMMARY / RESUMEN DE CUENTA	
PREVIOUS BALANCE BALANCE ANTERIOR	
NEW CHARGES NUEVOS CARGOS	7,800.00
PAYMENTS PAGOS	
ADJUSTMENTS AJUSTES	
CURRENT ACCOUNT BALANCE BALANCE DE CUENTA ACTUAL	7,800.00
PAYMENT DUE DATE FECHA DE VENCIMIENTO DE PAGO	09-18-2008
PAY THIS AMOUNT PAGUE ESTA CANTIDAD	7,800.00

RESPONDENT'S NAME / ADDRESS / CORRECTION		INSURANCE INFORMATION (IF REQUESTED)	
NAME		INSURED'S NAME	
STREET ADDRESS, LINE 1		INSURED'S ID NO. SOCIAL SECURITY NO. GROUP ID NO.	
STREET ADDRESS, LINE 2		INSURED'S DATE OF BIRTH	
CITY/STATE ZIP		PATIENT RELATIONSHIP TO INSURED <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	
TELEPHONE		EMPLOYER NAME TEL. NO.	
EMPLOYER ADDRESS		CITY/STATE ZIP	
INSURANCE CO. NAME		TEL. NO.	
INSURANCE CO. ADDRESS		CITY/STATE ZIP	
<div> <div> </div> <div> </div> <div> </div> <div> </div> </div> <div> <div>CARD NUMBER</div> <div>EXP. DATE</div> <div>SIGNATURE</div> <div>AMOUNT TO CHARGE</div> </div>		<div>SECURITY CODE (3 DIGIT NUMBER ON BACK OF CARD)</div>	

Additional Information / Informacion Adicional

If you don't have health coverage, you may be eligible for Medicare, Medi-Cal, Healthy Families, California Children's Services, or reduced cost programs. We have discount and charity care programs. To qualify you must not have health insurance or enough health insurance, and your income must be below certain amounts based on your family size. For more information, applications for Medi-Cal, Healthy Families, or our reduced cost programs and other assistance call the financial assistance phone number shown on the bill.

State and Federal Law requires debt collectors to treat you fairly and prohibits debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8 a.m. or after 9 p.m. In general, a debt collector may not give information about your debt to another person other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or on line at www.ftc.gov. Nonprofit credit counseling services may be available in the area.

Si usted no tiene cobertura de salud, usted puede ser elegible para Medicare, Medi-Cal, Healthy Families, California Children's Services o programas de costo reducido. Nosotros tenemos descuentos y programas de caridad. Para calificar usted no debe tener seguro de salud o bastante aseguranza para cubrir los costos médicos y su ingreso tiene que estar debajo de ciertas cantidades basadas en su tamaño de su familia. Para mas información, aplicaciones para Medi-Cal, Healthy Families, o nuestros programas del costo reducidos y otra ayuda llame el número de teléfono de la ayuda financiera indicado en la cuenta.

La ley estatal y Federal les exige a recaudadores de la deuda tratarlo a usted justamente y prohíbe a los recaudadores de hacer declaraciones falsas o amenazas de violencia, usar lenguaje obsceno o profano, y de hacer comunicaciones impropias con tercera persona, incluyendo a su empleador. Excepto bajo circunstancias no comunes, los recaudadores no pueden estar en contacto con usted antes de las 8 de la mañana o después de las 9 de la noche. En general, un recaudador no puede dar información sobre su deuda a otra persona mas que a su abogado o esposa(o). Un recaudador puede comunicarse con otra persona para confirmar su dirección o enforcing un juicio. Para más información sobre las actividades de colección de deuda, usted puede ponerse en contacto con la Comisión del Comercio Federal por el teléfono a 1-877-FTC-HELP (382-4357) o el sitio web a www.ftc.gov. No lucrativo servicio de asesoramiento de crédito puede ser disponible en el área.

LAC + USC Medical Center
5555 Ferguson Dr., Suite 310
Commerce, CA 90022

010 CDUS03 @ 10 8888888888

Jonathan Robert Somebody
Apartment B
415 West Main St.
Cudahy, CA 90201-5206



PLEASE
PAY
THIS
AMOUNT

PATIENT NAME		MR#
Somebody, Patricia Ann		741-59-32
PATIENT NUMBER	DISCHARGE/SERVICE DATE	
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AGREEMENT AMOUNT	PAYMENT DUE DATE	
	09-18-2008	
7,800.00	ENTER AMOUNT PAID HERE	

LAC + USC Medical Center
Billing Inquiry
1100 N. State Street
Los Angeles, CA 90033-5000



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MARQUE AQUI PARA PAGAR CON TARJETA DE CREDITO. POR FAVOR LLENE LA PARTE INDICADA ATRAS.
- ☐ PLEASE CHECK HERE AND SHOW NAME/ADDRESS CORRECTION ON REVERSE SIDE.
POR FAVOR MARQUE AQUI E INDIQUE ERRORES EN EL NOMBRE/DIRECCION EN LA PARTE DE ATRAS.

CDUS03

DETACH HERE. FOR PROPER CREDIT PLEASE WRITE YOUR PATIENT NUMBER ON YOUR CHECK AND RETURN UPPER PORTION WITH REMITTANCE.

DATE FECHA	DESCRIPTION DESCRIPCION	QUANTITY CANTIDAD	AMOUNT PRECIO
Dates may reflect posting date or service date	New Charges		7,800.00

Important Message / Mensaje Importante

LAC + USC Medical Center

YOUR ACCOUNT IS SERIOUSLY DELINQUENT.
PLEASE PAY IMMEDIATELY OR YOUR ACCOUNT
WILL BE REFERRED TO OUR COLLECTION AGENCY.
ANY QUESTIONS OR IF YOU NEED ASSISTANCE
IN PAYING YOUR BILL, CALL (323) 226-6361.

SU CUENTA ESTA SERIAMENTE ATRASADA. POR
FAVOR PAGUE INMEDIATAMENTE O SU CUENTA SERA
ENVIADA A NUESTRA AGENCIA DE COLECCION. SI
USTED TIENE PREGUNTAS, O SI USTED NECESITA
AYUDA EN PAGAR SU CUENTA, LLAME AL NUMERO
(323) 226-6361.

VISA, MASTERCARD, & DISCOVER ACCEPTED.

- CASHIERS HOURS MONDAY-FRIDAY 8:00am-6:00pm
- HORAS DE CAJERO LUNES-VIERNES 8:00am-6:00pm
PAYMENTS RECEIVED AFTER BILLING DATE WILL APPEAR ON NEXT STATEMENT.
RETAIN THIS PORTION.

MEDICAL RECORD NUMBER
NUMERO DE ESPEDIENTE MEDICO 741-59-32

PATIENT NAME
NOMBRE DE PACIENTE Somebody, Patricia Ann

PATIENT NUMBER
NUMERO DE PACIENTE 9999999999999999

ACCOUNT SUMMARY / RESUMEN DE CUENTA

PREVIOUS BALANCE BALANCE ANTERIOR	
NEW CHARGES NUEVOS CARGOS	7,800.00
PAYMENTS PAGOS	
ADJUSTMENTS AJUSTES	
CURRENT ACCOUNT BALANCE BALANCE DE CUENTA ACTUAL	7,800.00
PAYMENT DUE DATE FECHA DE VENCIMIENTO DE PAGO	09-18-2008

**PAY THIS AMOUNT
PAGUE ESTA CANTIDAD** 7,800.00

LA PUENTE HC
Business Office
15930 Central Avenue
La Puente, CA 91744

013 CDUSC06 @ 13 8888888888

Jonathan Robert Somebody
Apartment B
415 West Main St.
Cudahy, CA 90201-5206



PLEASE
PAY
THIS
AMOUNT

PATIENT NAME		MR#
Somebody, Patricia Ann		741-59-32
PATIENT NUMBER	DISCHARGE/SERVICE DATE	
999999999999	10-03-2007	
CURRENT BALANCE	BILLING DATE	
7,800.00	09-02-2008	
AGREEMENT AMOUNT	PAYMENT DUE DATE	
	09-18-2008	
7,800.00	ENTER AMOUNT PAID HERE	

LA PUENTE HC
Business Office
15930 Central Ave
La Puente, CA 91744-5410



- ☐ CHECK HERE TO PAY BY CREDIT CARD. PLEASE COMPLETE PAYMENT SECTION ON REVERSE SIDE.
MARQUE AQUI PARA PAGAR CON TARJETA DE CREDITO. POR FAVOR LLENE LA PARTE INDICADA ATRAS.
- ☐ PLEASE CHECK HERE AND SHOW NAME/ADDRESS CORRECTION ON REVERSE SIDE.
POR FAVOR MARQUE AQUI E INDIQUE ERRORES EN EL NOMBRE/DIRECCION EN LA PARTE DE ATRAS.

DETACH HERE. FOR PROPER CREDIT PLEASE WRITE YOUR PATIENT NUMBER ON YOUR CHECK AND RETURN UPPER PORTION WITH REMITTANCE.

Important Message/ Mensaje Importante

THIS IS NOT A BILL. THIS NOTIFICATION IS TO INFORM YOU THAT OUR RECORDS INDICATE YOUR MEDI-CAL APPLICATION IS PENDING. HOWEVER, IF YOUR APPLICATION HAS BEEN APPROVED, PLEASE PROVIDE A COPY OF YOUR BENEFIT IDENTIFICATION CARD OR INCLUDE THE INFORMATION ON THE BACK SIDE OF THIS NOTICE AND RETURN WITH THE ENCLOSED ENVELOPE. IF YOU HAVE ANY QUESTIONS, PLEASE CALL (626) 855-5300.

ESTE NO ES UN COBRO. ESTA NOTIFICACION ES PARA INFORMARLE QUE NUESTROS REGISTROS INDICAN QUE SU APLICACION DE MEDI-CAL ESTA PENDIENTE. SIN ENBARGO, SI SU APLICACION HA SIDO APROBADA, POR FAVOR ENVIE UNA COPIA DE SU TARJETA DE IDENTIFICACION DE BENEFICIOS O LLENE LA INFORMACION EN LA PARTE DE ATRAS DE ESTA NOTIFICACION Y DEVUELVALA EN EL SOBRE ADJUNTO. SI TIENE ALGUNA PREGUNTA, POR FAVOR LLAME AL (626) 855-5300.

LA PUENTE HC

IF YOU HAVE ANY QUESTIONS, PLEASE CALL
(626) 855-5300.

SI TIENE ALGUNA PREGUNTA, POR FAVOR
LLAME AL (626) 855-5300.

- CASHIERS HOURS MONDAY-FRIDAY 8:00am-4:00pm
- HORAS DE CAJERO LUNES-VIERNES 8:00am-4:00pm

MEDICAL RECORD NUMBER
NUMERO DE ESPEDIENTE MEDICO 741-59-32

PATIENT NAME
NOMBRE DE PACIENTE Somebody, Patricia Ann

PATIENT NUMBER
NUMERO DE PACIENTE 999999999999

ACCOUNT SUMMARY / RESUMEN DE CUENTA

PREVIOUS BALANCE BALANCE ANTERIOR	
NEW CHARGES NUEVOS CARGOS	7,800.00

PAYMENTS PAGOS	
ADJUSTMENTS AJUSTES	

CURRENT ACCOUNT BALANCE BALANCE DE CUENTA ACTUAL	7,800.00
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PAYMENT DUE DATE FECHA DE VENCIMIENTO DE PAGO	09-18-2008
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**PAY THIS AMOUNT
PAGUE ESTA CANTIDAD**

7,800.00